

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

6168us

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SURFACE INSPECTION METHOD, SURFACE INSPECTION APPARATUS, AND RECORDING MEDIUM AND DATA SIGNAL FOR PROVIDING SURFACE INSPECTION PROGRAM described and claimed in the specification:

## Check one

- \*a. ☐ attached hereto.  
b. ☒ filed on January 12, 2000 as Application No. 2000 and amended on        (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 11-006242 filed January 13, 1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Registration No. 32,771 and  
Mario A. Costantino, Registration No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.L.C., P.L.C., P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name  
of First or Sole Inventor**

Koichiro

KOMATSU

2 **\*\*Inventor's Signature:**

Given Name

Middle Initial

Family Name

3 **\*\*Date of Signature:**

JAN

27

2000

Month

Day

Year

Residence:

Setagaya-ku

TOKYO

JAPAN

City

State or Province

Country

Citizenship:

Japan

Post Office Address:

(Insert complete

mailing address,

including country)

C/O Nikon Corporation, Fuji Bldg., 2-3, Marunouchi

3-chome, Chiyoda-ku, TOKYO 100-8331 JAPAN

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

GE 2 OF U.S.A. DECLARATION FOR  
(Discard this page in a sole inventor application)

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1 **Typewritten Full Name**  
**of Second Joint Inventor (if any)** Takeo OOMORI  
Given Name Middle Initial Family Name  
2 **\*\*Inventor's Signature:** Takeo Oomori  
3 **\*\*Date of Signature:** JAN 27 2000  
Month Day Year  
Residence: Katsushika-ku TOKYO JAPAN  
City State or Province Country  
Citizenship: Japan  
Post Office Address:  
(Insert complete mailing address, including country) C/O Nikon Corporation, Fuji Bldg., 2-3, Marunouchi  
3-chome, Chiyoda-ku, TOKYO 100-8331 JAPAN

1 **Typewritten Full Name**  
**of Third Joint Inventor (if any)**  
Given Name Middle Initial Family Name  
2 **\*\*Inventor's Signature:**  
3 **\*\*Date of Signature:**  
Month Day Year  
Residence:  
City State or Province Country  
Citizenship:  
Post Office Address:  
(Insert complete mailing address, including country)

1 **Typewritten Full Name**  
**of Fourth Joint Inventor (if any)**  
Given Name Middle Initial Family Name  
2 **\*\*Inventor's Signature:**  
3 **\*\*Date of Signature:**  
Month Day Year  
Residence:  
City State or Province Country  
Citizenship:  
Post Office Address:  
(Insert complete mailing address, including country)

1 **Typewritten Full Name**  
**of Fifth Joint Inventor (if any)**  
Given Name Middle Initial Family Name  
2 **\*\*Inventor's Signature:**  
3 **\*\*Date of Signature:**  
Month Day Year  
Residence:  
City State or Province Country  
Citizenship:  
Post Office Address:  
(Insert complete mailing address, including country)